

THE NEGRO PHYSICIAN IN THE PRESENT WAR EFFORT

by
Dr Charles Drew
12:15 p m - Station KSD
St Louis, Missouri
April 27, 1943

The War Manpower Commission has recently released figures to show that there are approximately 160,321 physicians in the continental United States. Only 2.3% of these physicians are Negroes, a total of 3,618. Of the approximately 8,000 women physicians, only 85 are Negroes, e - 1%.

In terms of service to the population, what do these figures mean? First, they indicate that for the population as a whole, there is approximately one physician for every 800 people; but when the ratio of Negro physicians to Negro population is computed, it is found that there is one physician for each 3,600 persons - a very inadequate number even for civil practice. This does not mean, of course, that Negro physicians bear this load alone. For many reasons this would be impossible. In the states of Idaho, Maine, Montana, Nevada, New Hampshire, New Mexico, Vermont and Wyoming, not a Negro physician is to be found. These areas are not centers of dense Negro population and therefore do not suffer too greatly for the lack of medical care. On the other hand, the State of Mississippi has 52 colored physicians to serve approximately 1,074,578 colored persons; a ratio of one doctor per 20,000.

These are peace-time figures and peace-time thought. What part is this group of Negro physicians playing in the present war effort? What additional part shall they be asked to play as the panorama of war grows in scope and meaning?

At present there are approximately 37,000 physicians assigned to the armed forces. Of this number between 250 and 270 are Negroes - 0.6% of the total.

By July 1, 1943 the present plans call for a combined armed force of approximately 10,000,000 men. Of this, roughly 800,000 will be Negro soldiers, sailors and marines. This will require approximately 50,000 medical officers; a ratio of five doctors for each 1,000 men. The army and navy need them and intend to get them. This will take from active practice about one-third of the available physicians and will require some

THE NEGRO PHYSICIAN IN THE PRESENT WAR EFFORT
DR CHARLES DREW

redistribution of those who are left behind, so that the civil population shall have at all times at least one doctor for each 1,500 people.

How many Negro doctors will be inducted by July 1st? There are at present between 250 and 270 in the army. By July 1st this number will be raised to approximately 400 - 450. Where will these additional 150-200 men come from? At present there are on file 56 approved applications from men under 38 years of age. Approximately 50 men now serving internships will be available on July 1st. The others will have to be taken from the younger men in practice.

Some of ninety-odd older Negro physicians who have applied for commissions, which have not been granted are anxious to know why. There are two chief reasons: The first is that the older men do not stand up as well as the younger ones in actual field service. The second reason is that the older men enter the service with the rank of Captain and each Captaincy so filled prevents the promotion of one of the younger men who now has been in service for a year or more and is therefore more valuable to the service. Should an insufficient number of men become available in the younger age group, the deficit will be made up by induction of the younger men above 38 who have already applied for commissions.

In spite of these relatively small numbers, the magnitude of this contribution to the war effort can be appreciated when it is noted that there are but 492 Negro doctors in the United States under the age of 35. If the total number assigned to the armed forces by July 1st is 450, 75% of whom will be in this age group, then nearly 75% of the available young Negro physicians will be in the army by the end of this year. There is a total of approximately 978 physicians between the ages of 35 and 45, the next most valuable group for army purposes. If all of the men under 45 years of age are considered, there are less than 1,500; male and female. The army will fill most of its entire enlistment from this group, i.e. by July 1st approximately one-third of the Negro physicians below the age of 45 will be in the army, or in essential war jobs. This ratio is in very close accord with the ratio for the total assignment of

THE NEGRO PHYSICIAN IN THE PRESENT WAR EFFORT
DR CHARLES DREW

physicians to the armed forces. There is in the United States a total pool of about 150,000 physicians who may be of some service to the armed forces. Approximately 82% of these men will be needed to maintain a ratio of one physician for each fifteen hundred persons in civil life. Fifteen thousand physician will be maintained in essential occupations such as the United States Public Health Service, local health departments, the Veterans Administration, Office of Indian Affairs and as teachers in medical schools. These all may be allotted and still leave available 50,000 physicians for the combined armed forces - roughly one-third of the usable pool.

From these figures it becomes quite obvious that though the number now serving is comparatively small, when compared to the total number of Negro physicians available, it is comparatively large. These critical times have served to point out in the field of medical education what has been so dramatically pointed out in the whole field of Negro education, which is simply that not enough funds have been made available for adequate schooling; not enough attention has been paid to the problem of Negro health and few plans have been elaborated for correcting these difficulties in the future. The high degree of illiteracy among the Negro troops, the high percentage of rejections because of ill health, and the very small number of available Negro physicians, all are manifestations of the same defect. There are two great fundamental causes for this lack of even enough Negro physicians to begin to care for the Negro civilian population. First, is the low economic status of the group as a whole; and second, is the great paucity of opportunity for training in the higher professional fields in many of the great state universities where the fees for tuition and state aid might make possible such careers for men who come from families in low income brackets.

What are the plans for the future? What happens after July 1st?

Plans have just about been completed to earmark a certain number of the 18-19 year old groups who are now being picked for specialized officer-training in the Army and Navy College Training Programs. The Negro colleges will have an equitable share in this program. Though no definite commitments have yet been made, it is felt certain that the two Negro medical schools - The College of Medicine at Howard Universi-

THE NEGRO PHYSICIAN IN THE PRESENT WAR EFFORT
DR CHARLES DREW

ty in Washington, D C and The Meharry Medical College in Nashville, Tennessee will be integrated into this training program. Each of the boys chosen for this particular training will receive a fifteen months intensive pre-medical course and then the usual four-year medical course will be compressed into three years. Under such a system, Howard and Meharry combined will be able to graduate between 120 and 150 medical men every nine months, at least 80% of whom will be available for military duty. Since President Roosevelt last week signed a bill giving women doctors equal status with men in the army and navy, they too may be integrated in the training program.

With this medical training program underway, few, if any physicians in private practice will be removed from civilian duties. Many, however, have signified their willingness to be transferred from their home areas to industrial centers or the new war boom towns in order to serve where needed most.

After January, 1944 all replacements will be made from the younger group in training. It is expected that replacements will have to be made at the rate of 8.5% each year. This will mean an average of 4,000 - 4,500 young doctors per year will go into the army service to replace those who have given their "last full measure of devotion." The medical schools of the country are capable of turning out 6,000-7,000 qualified physicians a year. Approximately 80% of the output for the duration will be army or navy men sent to school by the army or navy and available for immediate service at the completion of their internships.

What do Negro physicians now in the armed services and those about to join up feel about their enlistment? Whethe hardly a dissenting voice they feel that the important thing for all Americans at this time, whether black or white, is to get on with the winning of the war. They know costs will run high. Some will die.

As a teacher of many of the younger officers now serving, I know that all their loyalty will never waiver. Each will give a good account of himself in spite of the

THE NEGRO PHYSICIAN IN THE WAR EFFORT
DR CHARLES DREW

fact that the vast majority of Negro physicians enter the military service bitterly opposed to the Army's policy of segregation, unified in their distaste and dissatisfaction with the Navy's policy of exclusion and deeply conscious of the fact that while they serve those who ^{go forth} ~~fail~~ to ride the world of ^{terror} ~~tyranny~~ in far places, emancipation is not yet complete at home. They fight the sincere fight of men who know disfranchisement and who long for freedom for themselves and all mankind. Freedom from want, freedom from fear, freedom from constant humiliation, freedom to rise by merit according to ability and freedom from the tyranny of small minds in high places. The Negro physician in this time of war serves at home and abroad in the armed forces and out of it, with devotion, ever hopeful that by service in a common cause in these times of great trial for the nation, he may prove himself worthy of sharing more completely in the common life of the nation when peace shall have been restored.

He has never asked for more - after the war he is certain not to accept less.